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ABSTRACT

Summarized is the school psychologist's role in the interdisciplinary approach to screening preschool children for the identification of present or potential impairments. Provided is a listing of test materials (indicated as either individually or group administered) for the following areas: IQ estimate, visual discrimination and memory, receptive language, expressive language, and inner language. A brief checklist is provided to evaluate the child's behavior in four areas--attention, gross motor behavior, fine motor coordination, and social skills. Materials to give to parents are suggested, and a checklist of basic readiness skills (such as knowledge of right and left) is appended. (SB)

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Pre-school screening: Role of the school psychologist

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With the implementation in the fall of 1973 of Mandatory Special Education in Michigan all school personnel were charged with the broadened roles of early identification and prevention of impairments. The law also mandated a cooperative team approach in an area where various disciplines have been used to "doing their own thing". This paper summarizes the School Psychologists role in the interdisciplinary approach to screening preschool children.

PROCEDURES

Using the traditional one-to-one clinical model, a complete evaluation of a child by a psychologist and speech pathologist could easily take a full day per child. In order to handle the 40 to 50 children that might be seen in a single day at the typical pre-kindergarten screening, the professionals must evaluate many areas of functioning using behavioral observations, short screening procedures and informal testing. Most school psychologists should be able to adapt their evaluation procedures so that, they can assess and comment on any of the following areas: intelligence, visual discrimination, visual memory, receptive language, inner language, expressive language, auditory memory, attention, gross motor behavior, fine motor coordination, and social behavior.

As with any screening procedure, children who seem to experience difficulties should be seen later for a more complete evaluation in order to pinpoint the exact nature of their problems. The following list of test materials

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while not exhaustive, will provide some ideas of how to assess the previously mentioned areas. The references will indicate where further information may be found and the abbreviations I and G refer to whether the material is individually or group administered.

A. IQ Estimate

- Columbia Mental Maturity Test (Burgemeister, 1959), I
- Slosson Intelligence Test (Slosson, 1963), I
- Rutger's Drawing Test, Form A (Starr, 1959), I or G
- Developmental Tasks from the Gesell (Ilg & Ames, 1955), I or G

B. Visual Discrimination and Memory

- Visual Matching Test from Stanford-Binet (S-B), (Terman & Merrill, 1960), I
- Visual Memory Scale (Carroll, 1975), I

C. Receptive Language

- Peabody Picture Vocabulary Test (Dunn, 1959), I
- Picture Vocabulary from Stanford-Binet, I
- Informal observation of direction following, I or G

D. Expressive Language

- Defining words from the WISC (Wechsler, 1949 or Stanford-Binet), I
- Telling a story, I
- Recounting what is going on in a stimulating picture, from a book or magazine, I or G

E. Inner Language

- Columbia Mental Maturity Test, I

- Observation of play activities, I or G.

The following four areas can be evaluated individually or in a group setting by a psychologist who has a knowledge of age appropriate child behavior, using informal observation procedures.

F. Attention

- How long is the child's attention span?
- How does he respond to direct commands?
- How long does he attend in group play?

G. Gross Motor Behavior

- Walking
- Running
- Balancing
- Musical Games

H. Fine Motor Coordination

- Holding a pencil
- Working with clothing and buttons
- Drawing circles, squares, and triangles

I. Social

- Was the child able to separate easily from mother?
- How did he react to a novel and perhaps stressful situation:
  - i - adapts well
  - ii - withdrawal and aggression
  - iii - tears

iv - acts out and tries to leave

v - tension

vi - easily frustrated

- How long does he play with other preschoolers?

Feedback to Parents

After the typical kindergarten screening, the professionals involved compile their notes, recheck children with severe problems, and write brief reports that often end up gathering dust in the principal's office. One of the most important roles of the Psychologist and Speech Pathologist at a roundup is that of an educator. While one, or both of the parents are readily at hand and have an opportunity to compare their child with others, the professionals' recommendations have much more meaning than if they were relayed even a few days later.

Each of the disciplines involved in the screening should have material that they can give to the parents (referring them to a journal article or book is usually not successful -- if you want them to read something put it in their hands. Journal articles and inexpensive books have been successfully used by School Psychologists at roundups. The article, "Learning to Listen" (Montessori, 1964) stresses some aspects of reading readiness.

Child Behavior (Ilg and Ames, 1955) and Teaching Your Child to Talk (Developmental Language and Speech Center) stress developmental milestones and language behavior. It has been helpful to prepare a checklist of basic readiness skills, such as a knowledge of right and left, following directions, and color meaning (see Appendix A). Weaknesses in these areas can be checked off and the parents can attempt to work with the child prior to his school attendance in the fall.

APPENDIX A.

Kindergarten Behavioural Index

1. Does not know own age.
2. Is ambi-dextrous -- uses left hand for some activities, right hand for others.
3. Slow and fumbling putting on shoes, coat, etc.
4. Has difficulty doing up buttons.
5. Puts shoes on wrong feet.
6. Clumsy -- trips over, bumps into, knocks over objects.
7. Has difficulty in hopping, changing from one foot to another.
8. Lacks sense of rhythm -- keeping in time with music in running and clapping, etc.
9. Holds pencil awkwardly.
10. Has difficulty controlling pencil -- presses hard -- messy work.
11. Cannot keep within lines when colouring in.
12. Has difficulty using scissors.
13. Reverses letters, numbers when copying or writing.
14. Has difficulty pronouncing all sounds -- e.g. "wed" for "red," "fink" for "think", "muver" for "mother," etc.
15. Uses "baby" talk -- e.g. "me" for "I," "runned" for "ran", "dood" for "did", etc.
16. Mixes up words -- e.g. "applepine" for "pineapple."
17. Mixes up order of words in a sentence.
18. Lacks verbal fluency -- speaks mainly in words or phrases.
19. Stutters.
20. Has difficulty ordering thoughts when describing or discussing a topic.
21. Loses main thread and goes into irrelevant details when telling a story or talking.
22. Forgets an instruction or message and has to ask again.
23. Cannot write own name correctly from memory.
24. Has difficulty remembering poems, rhymes, etc.
25. Cannot count up to 20.
26. Confuses names of colours.
27. Avoids talking in front of class.
28. Cries easily.
29. Appears to be shy.
30. Daydreams.
31. Slow in carrying out commands.
32. Overactive -- always on the move.
33. Has difficulty sitting still for very long.
34. Fidgets with things.
35. Lacks concentration -- does not pay attention.
36. Loses interest quickly -- moves from one activity to another.
37. Frequently loses belongings.

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